## Zoning Compliance Application

## Franklin City Development

Planning & Zoning

9229 West Loomis Road, Franklin, Wisconsin 53132 / Phone: (414) 425-4024 Fax: (414) 427-7691

A Zoning Compliance Permit is required for the following prior to receiving a Certificate of Occupancy:

- Locating a business in any existing commercial building within the City of Franklin, including the Franklin Business and Industrial Parks.
- Expansion of an existing business within a building (i.e.: expanding to occupy an additional tenant space in a multi-tenant building).

Upon receipt of a complete Zoning Compliance application and appropriate fee, the Planning Department will review the application and you will be notified whether or not your application is approved within 10 business days.

| Business Name:                                |             |                       |                     |
|---|-------------|-----------------------|---------------------|
| Property Address:                             |             |                       |                     |
| Гах Кеу No.:                                  | Zoning Dist | riet:                 |                     |
| Business Mailing Address:                     |             |                       |                     |
| Email   |             |                       |                     |
| Business Applicant:                           |             | •                     |                     |
| Name  |             |                       |                     |
| Mailing Address                               |             |                       |                     |
| City  |             |                       |                     |
| Phone   | Fax         |                       |                     |
| Email   |             |                       |                     |
|   |             |                       |                     |
| Number of Employees:                          | Hours of O  | peration:             |                     |
| If delivery or pick-up activiti<br>frequency: |             | business, describe ty | pes of vehicles and |
| Property Owner:                               |             |                       |                     |
| Name  |             |                       |                     |
| Mailing Address                               |             |                       |                     |
| City  | State       | Zip                   | <del>~ .</del> .    |
| Phone   | Fax         | <del>_</del>          |                     |
| E-mail  |             | <del></del>           |                     |

| Mana                       | gement Company (if differ   | ent from Property Ow   | ner):  |
|----------------------------|---|--|--|
| Name                       |   |  |  |
| Mailin                     | g Address   |  |  |
| City_                      | <u> </u>  | State  | Zip  |
| Phone                      |   | Fax  |  |
| E-mai                      | l   | <u>.</u> .   |  |
| Requi                      | red to be submitted with a  | pplication and fee   |  |
|                            | Verification of ownership<br>Executed lease agreement   |  |  |
| A Site                     | Plan, drawn to scale, shall b   | ne provided showing t  | the following:   |
| 1.<br>2.<br>3.<br>4.<br>5. | Property lines and existing<br>North arrow, property add<br>Parking lots, identifying n<br>Location of all ingress/ego<br>Proposed modifications to | ress and street name.<br>umber of stalls availa<br>ress points for the pro | ble and location of handicapped parking spaces.<br>perty.  |
| Revie                      | w fee of \$100.00 (Checks pa  | yable to: City of Fran   | ıklin)   |
| provid<br>or nev<br>form o | led on this application and is  | s subject to change ba<br>e particular use. The                            | g Compliance approval is based on information used on further information, change in information, undersigned understands that completion of this Signature of Owner |
| Date                       |   | <del></del>  | Date   |
| DEPA                       | ARTMENT USE ONLY  |  |  |
| □ A                        | PPROVED   | ☐ DENIED   |  |
| Revie                      | wer's Signature:  |  |  |
| Date:                      |   | 4-digi   | it SIC code: (if applicable)   |
| Staff                      | Comments / Conditions of A  | approval:  |  |
|                            |   |  |  |
| -                          |   |  |  |
|                            |   |  |  |
|                            |   |  |  |
| •                          |   |  |  |
| <del></del>                | DIA To Class  | Office District Alder  | on Fire Dant Police Dant Community Davidsment  |
| Copie                      | Director, CDA (if i   | n Business Park), Appli  | an, Fire Dept, Police Dept, Community Development icant, Property Owner/Management Company   |